

B6F (Official Form 6F) (12/07)

In re **Tina R Caldwell**Case No. **4:15-bk-15239**

Debtor

### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Advanced PT of Little Rock</b> <b>10014 N Rodney Parham Rd</b> <b>Ste 103</b> <b>Little Rock, AR 72227</b>		-				<b>929.76</b>
Account No.						
<b>AmeriMark Premier</b> <b>PO Box 2845</b> <b>Monroe, WI 53566</b>		-				<b>215.00</b>
Account No.						
<b>Ark BlueCross BlueShield</b> <b>PO Box 790308</b> <b>Saint Louis, MO 63179</b>		-				<b>110.00</b>
Account No.						
<b>AT&amp;T c/o Enhanced Recovery Col</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256</b>		-				<b>55.00</b>
Subtotal (Total of this page)						<b>1,309.76</b>

5 continuation sheets attached

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Collections</b>				
<b>AT&amp;T U-Verse</b> <b>c/o AFNI, Inc.</b> <b>P.O. Box 3517</b> <b>Bloomington, IL 61702-3517</b>	-					<b>54.00</b>
Account No.		<b>Collections</b>				
<b>Cap One</b> <b>P. O. Box 30281</b> <b>Salt Lake City, UT 84130</b>	-					<b>520.00</b>
Account No.		<b>Representing:</b>				
<b>Portfolio Rec Assoc</b> <b>PO Box 41067</b> <b>Norfolk, VA 23541</b>		<b>Cap One</b>				<b>Notice Only</b>
Account No.		<b>Collections</b>				
<b>Credit One Bank/LVNV Funding</b> <b>c/o J.C. Christensen &amp; Assoc.</b> <b>P.O. Box 519</b> <b>Sauk Rapids, MN 56379</b>	-					<b>715.00</b>
Account No.		<b>Representing:</b>				
<b>Tate &amp; Kirlin Assoc</b> <b>2810 Southampton Rd</b> <b>Philadelphia, PA 19154</b>		<b>Credit One Bank/LVNV Funding</b>				<b>Notice Only</b>
Sheet no. <b>1</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,289.00</b>

Case No. 4:15-bk-15239

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

### Best Case Bankruptcy

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>Misc. Debt</b>				
<b>Old Pueblo Traders/Comenity</b> <b>P.O. Box 182273</b> <b>Columbus, OH 43218-2273</b>		-					<b>500.00</b>
Account No.			<b>Medical Bills</b>				
<b>OrthoArkansas</b> <b>PO Box 55270</b> <b>Little Rock, AR 72215</b>		-					<b>56.00</b>
Account No.			<b>Representing:</b> <b>OrthoArkansas</b>				<b>Notice Only</b>
<b>CSI</b> <b>PO Box 7545</b> <b>Little Rock, AR 72217</b>							
Account No.			<b>Collections</b>				
<b>Performant Rec Inc</b> <b>PO Box 9057</b> <b>Pleasanton, CA 94566</b>		-					<b>50,660.05</b>
Account No. <b>xx-x4-172</b>			<b>WOG</b>				
<b>Portfolio Rec Assoc</b> <b>c/o Allen &amp; Withrow</b> <b>PO Box 17248</b> <b>Little Rock, AR 72222</b>		-					<b>319.00</b>
Sheet no. <u>3</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>51,535.05</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		<b>Collections</b>				
<b>Radiology Assoc c/o Coll Svc Inc PO Box 7545 Little Rock, AR 72217</b>	-					<b>1.00</b>
Account No.		<b>Collections</b>				
<b>RMC of America P.O.Box 21030 White Hall, AR 71612</b>	-					<b>501.70</b>
Account No.		<b>Collections</b>				
<b>St Vincent North/Link Rev Res c/o Stephens &amp; Michaels Assoc 7 Stiles Rd Salem, NH 03079</b>	-					<b>632.00</b>
Account No.		<b>Student Loan</b>				
<b>US Dept of Ed PO Box 5609 Greenville, TX 75403</b>	-					<b>Unknown</b>
Account No.		<b>Collections</b>				
<b>Woman Within c/o WFNNB PO Box 182125 Columbus, OH 43218-2125</b>	-					<b>503.00</b>
Sheet no. <b>4</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,637.70</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
<b>Portfolio Rec Assoc 120 Corp Blvd/Ste 100 Norfolk, VA 23502</b>			<b>Representing: Woman Within</b>				<b>Notice Only</b>
Account No.							
Account No.							
Account No.							
Account No.							

Sheet no. **5** of **5** sheets attached to Schedule of  
 Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page)

**0.00**

Total  
 (Report on Summary of Schedules)

**56,674.51**